



Public Health
Prevent. Promote. Protect.

Frederick County Health Department



Frederick County Health Care Coalition

*Progress of the
Local Health Improvement Plan (LHIP)
Work Groups*

June 20, 2017₁

Frederick County Health Care Coalition Board of Directors

- ▶ Jenny Morgan, President, formerly Chamber of Commerce now with FRHS
- ▶ Jennifer Teeter, Secretary, Frederick Regional Health System
- ▶ Gloria Bamforth, Treasurer, Frederick Regional Health System
- ▶ Barbara Brookmyer, LHIP Coordinator, Frederick County Health Department
- ▶ Kitty Devilbiss, Department of Aging
- ▶ Miriam Dobson, Frederick County Health Department
- ▶ Malcolm Furgol, ACEs WG Lead, United Way of Frederick County
- ▶ Janet Jones, Frederick Community Action Agency
- ▶ Ken Oldham, United Way of Frederick County
- ▶ Josh Pedersen, Maryland 211
- ▶ Leslie Schultz, Senior WG Lead, SOAR
- ▶ Cynthia Terl, Behavioral Health WG Lead, Wells House

Agenda

- 5:00pm FC Health Care Coalition Board Member Welcome
- 5:05pm Introduction to the LHIP
- 5:10pm Presentation of ACEs Action Plan
- 5:15pm Presentation of Behavioral Health Action Plan
- 5:20pm Presentation of Senior Action Plan
- 5:25pm Q&A Discussion
- 5:30pm Presentation about Stigma and System Treatment Gaps
- 6:15pm Q&A Discussion
- 6:25pm Closing, Feedback and Evaluation

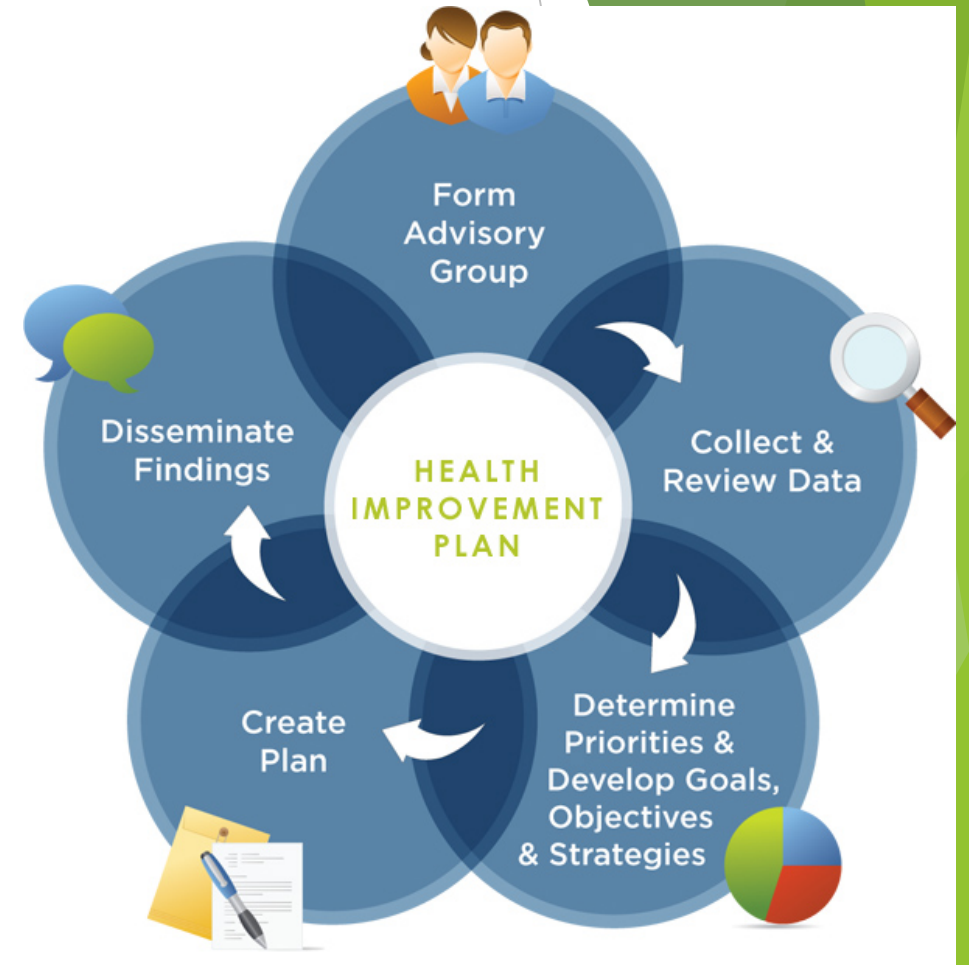
Welcome!

Meeting Objectives:

- ▶ Identify for each Work Group
 - ▶ Goals
 - ▶ Objectives
 - ▶ Strategies
- ▶ Identify opportunities for supporting the objectives and enhancing the outcomes
- ▶ Identify ways that you can reduce stigma associated with having mental health and substance used disorder issues
- ▶ Provide an opportunity for 2-way exchange between work group members and audience
- ▶ Provide feedback and evaluate

LHIP Process

- ▶ Assess health of community
- ▶ Identify priorities for health improvement
- ▶ *Implement programs or policies*
- ▶ Evaluate impact of programs or policies
- ▶ Repeat cycle



Priorities for Local Health Improvement

- ❖ **Established September 13, 2016**
 - ❖ convened 1-day summit, and 8 smaller community sessions
 - reviewed data
 - attendees discussed
 - all attendees voted
 - work groups formed around priorities
- ❖ **Top Priorities**
 - ❖ Adverse Childhood Experiences
 - ❖ Behavioral Health
 - ❖ Seniors

Work Groups Make a Difference!

Priority: Adverse Childhood Experiences (ACEs) – Action Plan Goals

- 1. All residents receive preventive education for raising children - safe, stable, nurturing**
- 2. All sectors of Frederick County recognize the impact of trauma on health**
- 3. All sectors provide or support services for raising healthy children**
- 4. Community-wide system of care provides accessible treatments in adequate supply**

Priority: Adverse Childhood Experiences (ACEs)

Vision: Stable, Nurturing and Safe Environments: When communities are stable, families are nurturing and children are safe.

Goal 1: All Frederick County residents receive evidence-based preventive and continuing education for raising healthy children in safe, stable, nurturing environments

Goal 2: All sectors of Frederick County (including but not limited to healthcare, government, judicial and law enforcement, education, daycare, housing, employment, business, civic groups, religious groups and parent networks) recognize the impact of trauma on health from preconception through old age.

Goal 3: All sectors of Frederick County (to include but not limited to healthcare, government, judicial and law enforcement, education, daycare, housing, employment, business, civic groups, religious groups and parent networks) provide or support services for raising healthy children in safe, stable, nurturing environments.

Goal 4: An equitable community-wide system of trauma-informed care provides accessible evidence-based treatments from trained, knowledgeable and culturally literate specialists in adequate supply.

Adverse Childhood Experiences (ACEs) Action Plan

Goal 1: All Frederick County residents receive evidence-based preventive and continuing education for raising healthy children in safe, stable, nurturing environments

1. By XXXX Define safe, stable, nurturing environments across all socio-economic and cultural groups in Frederick County
2. By XXXX Identify evidence-based preventive & continuing education for parents that supports raising children in safe, stable, nurturing environments
3. By XXXX Assess Frederick County supportive parenting assets to identify gaps and look to expand or complement services.
4. By XXXX Create and/or adapt evidence-based education programs for Frederick County

Adverse Childhood Experiences (ACEs) Action Plan

Goal 2: All sectors of Frederick County (including but not limited to healthcare, government, judicial and law enforcement, education, daycare, housing, employment, business, civic groups, religious groups and parent networks) recognize the impact of trauma on health from preconception through old age.

- ▶ **Data 1.** By XXXX Review available data across sectors (FCPS, Maryland, Frederick County, FMH, etc.) and create a baseline with citation to source
- ▶ **Presentation/ Awareness 2.** By XXXX Create an ACEs presentation needs assessment
- ▶ **Marketing 3.** By XXXX Market the concept of ACEs and its impact in the community E.g.; “Promoting Resilience is Good for Business”
- ▶ **Human Resources 4.** By XXXX Increase the human resource capacity to reach all sectors of Frederick County (Get more people to the table)

Adverse Childhood Experiences (ACEs) Action Plan

Goal 3: All sectors of Frederick County (to include but not limited to healthcare, government, judicial and law enforcement, education, daycare, housing, employment, business, civic groups, religious groups and parent networks) provide or support services for raising healthy children in safe, stable, nurturing environments.

1. By XXXX A communications plan has been created for each sector in Frederick County describing their vested interest in providing or supporting services.
2. By XXXX Propose new services to address gaps
3. By XXXX Recommend increased support for existing services as needed
4. By XXXX Recognize & acknowledge how all sectors contribute to desired outcomes

Adverse Childhood Experiences (ACEs) Action Plan

Goal 4: An equitable community-wide system of trauma-informed care provides accessible evidence-based treatments from trained, knowledgeable and culturally literate specialists in adequate supply.

1. **By XXXX** Identify the trauma informed care evidence-based practice guidelines for those exposed to Adverse Childhood Experiences.
2. **By XXXX** Identify existing trauma informed care practices and services in Frederick County.
3. **By XXXX** Create recommendations that address the gaps in trauma informed care resources and services that include but are not limited to training and program and service development.
4. **By XXXX** Educate social and health service direct-care providers about trauma informed care evidence-based practice guidelines for those exposed to Adverse Childhood Experiences.
5. **By XXXX** Identify individuals impacted by Adverse Childhood Experiences and match them to the appropriate trauma informed care service.
6. **By XXXX** Identify and expand number of trained clinicians that provide trauma treatment.

ACEs - Consolidated Actions Taken

- Public Awareness

From 2 to 1700 and counting...

FNP, Frederick's Child, Proclamations

Frederick CARES, Intersect Summit

Hillbilly Elegy/C Burr Artz

- Systems Response

Local Health Improvement Plan

Increased Collaboration across institutions

Interagency Early Childhood Committee

Mount St. Mary's University

RWJF Coach

- Next Steps

Trauma Informed Community

- MHA

- FCHD...and beyond!



ACEs – Consolidated Actions Steps

- Research**
- A. health, medical, social, social justice literature to find a definition safe, stable, nurturing environment
 - B. occurrence of ACES in the Frederick community
 - C. trauma informed care evidence-based practices
 - D. training, resources, and program/service development for both providers and the community
 - E. processes for matching individuals impacted by ACEs with appropriate services

Outreach to other groups, agencies, etc.;

- A. Look for possible owners, leaders, entrepreneurs and institutions to carry the torch for specific projects
- B. Determine groups that would benefit from presentations on ACEs and prioritize the outreach

Construct asset map of evidence-based programs

Identify using asset map, gaps or where additional services are required.

Conduct focus groups and survey of parents to identify gaps

Develop message and stories; identify and train brand ambassadors

Publish provider guidelines to utilize as a resource

Generate a county-wide survey, Distribute survey, Compile survey results.

Implement screening for ACE's throughout Frederick County

STRONG ROOTS GROW A STRONG WORKFORCE

Simply put, Adverse Childhood Experiences (ACEs) have a tremendous impact on our health and the quality of all of our lives. **ACEs can be prevented and we can have a workforce that is strong and vibrant in Frederick County, MD as a result.**

<https://www.unitedwayfrederick.org/ace>

Estimated Annual Impacts of ACEs in Frederick County

Productivity Loss: **\$28.6 Million**
Child Welfare Costs: **\$1.5 Million**
Criminal Justice Costs: **\$1.5 Million**
Adult Medical Costs: **\$2.1 Million**
Special Education Costs: **\$1.6 Million**
Childhood Health Care Costs: **\$6.5 Million**

Total costs for Frederick County of fatal & non-fatal child abuse \$45.4 Million

Benefits of Early Childhood Support

Increased Life Expectancy
Increased Work Attendance & Productivity
Reduction in Health Costs
Less Likely to Use Illegal Drugs

ACE Events

Physical Abuse/Neglect
Emotional Abuse/Neglect
Sexual Abuse
Household Violence
Substance Abuse
Someone Being Incarcerated
Living in a Single Parent Household
Mental Illness

Solutions

High quality child care
Early childhood home visitation
Teach parenting skills to new parents
Offer evidence-based treatment
Income support for families



This infographic was developed by Leaders on Loan, a program of the Frederick County Chamber of Commerce, in partnership with the Mental Health Association of Frederick County.

2016-2019 Local Health Improvement Plan

Priority: Behavioral Health

Vision – Frederick County residents across the lifespan and regardless of socio-economic status will demonstrate improved behavioral health by reporting better mental health and a reduction in substance abuse resulting from reduced stigma that is a barrier to care.

Access to Care Goal: *To ensure a continuum of services exists to meet the behavioral health needs of Frederick County Residents*

Behavioral Health Education Goal : *To expand community awareness about existing mental health and substance misuse disorders treatment resources in Frederick County while in parallel reducing stigma associated with having mental health and substance misuse disorder issues.*

24 Hour Detox Facility-Goal: *To establish a facility for residents of Frederick County who are in crisis, and unable take the next necessary steps in the process of recovery from substance use disorder.*

Behavioral Health Action Plan

Access to Care Goal: *To ensure a continuum of services exists to meet the behavioral health needs of Frederick County Residents*

1. By March 2018: Identify and track wait lists for 5 Behavioral Health providers
2. By 2018: Increase by 10% the # of lay health educators at FMH who are trained on crisis services available in Frederick County.
3. By 2019: Enhance the continuum of existing crisis services in Frederick County by increasing available hours for mobile and walk-in services by at least 10% and increase crisis beds by 50%

Behavioral Health Action Plan

Behavioral Health Education Goal : To expand community awareness about existing mental health and substance misuse disorders treatment resources in Frederick County while in parallel reducing stigma associated with having mental health and substance misuse disorder issues.

- 1.a. By June 2017: Include a link to a PDF for the MHA resource booklet on at least 25% of governmental, school, law enforcement, non-profit, and allied web pages.
- 1.b. By June, 2017: Adjacent to the link to the PDF, provide references to 211, the Maryland Crisis Hotline, and the National Suicide Prevention Lifeline that residents can use if a mental health or substance misuse disorder event occurs.
2. By December 2017: Using the MHA Resource Guide as content, create a searchable online database of mental health resources that is subsequently linked to by at least 25% of governmental, school, law enforcement, non-profit, and allied web pages.
3. By June 2018: In parallel with the creation of these above resources, begin a public education campaign to upgrade community language about perceptions of and responses to people who are experiencing mental health and substance misuse disorder issues, so that by this date 25% of designated Frederick County and City elected officials, health care professionals and County employees have been through a formal training; the information has been presented to at least 10 private companies' Human Resources departments; a radio PSA on this has been aired on local radio stations at least 50 times; an article has appeared on this topic in the FNP; and a piece on this has been broadcast on television station WHAG.

Behavioral Health Action Plan

24 Hour Detox Facility-Goal: *To establish a facility for residents of Frederick County who are in crisis, and unable take the next necessary steps in the process of recovery from substance use disorder.*

1. By May 2017: Research and Identify Regulatory Requirements and Maryland Legislative requirements for Inpatient Detox Facilities in Maryland.
2. By September 2017: Research and Identify current Inpatient Detox facility models in State of MD and surrounding states.
3. By May 2017: Research and Identify Access of Care and Step Down Programs available in Frederick County.
4. By Dec 2019: Design a program model and identify and create a facility.

Accreditation Program Standards

CARF International 2017

- ▶ A detoxification/withdrawal management program is a time-limited program designed to assist the persons served with the physiological and psychological effects of acute withdrawal from alcohol and other drugs. Based on current best practices in the field, the program's purpose is to provide a medically safe, professional and supportive withdrawal experience for the persons served while preparing and motivating them to continue treatment after discharge from the program and progress toward a full and complete recovery. The program is staffed to ensure adequate biomedical and psychosocial assessment, observation and care, and referrals to meet the individual needs of the persons served. Additionally, the program develops and maintains a rich network of treatment providers for referrals after completion of the program to ensure the best possible match for the persons served to ongoing treatment services.

Accreditation Program Standards

CARF International 2017, continued

A detoxification/withdrawal management program may be provided in the following settings: —

- ▶ **Inpatient:** This setting is distinguished by services provided in a safe, secure facility based setting with 24-hour nursing coverage and ready access to medical care. This is for persons served who need round-the-clock supervision in order to successfully manage withdrawal symptoms or when there are additional complications or risk factors that warrant medical supervision, such as co-occurring psychiatric or other medical conditions.
- ▶ **Residential:** This setting is distinguished by services provided in a safe facility with 24-hour coverage by qualified personnel. Persons served need the supervision and structure provided by a 24-hour program but do not have risk factors present that warrant an inpatient setting. It may also be appropriate for persons who lack motivation or whose living situation is not conducive to remaining sober.

Other Program Standards

- ▶ JCAHO Accreditation Standards
- ▶ Federal Guidelines - 42 CFR § 8.12

The Insurance and Treatment Systems Failed Us. Now We're on a Mission to Help Others.

- ▶ “We were not aware of [the Parity Act](#). What became William’s fatal overdose occurred four days after his being denied in-patient detox as ‘not medically necessary.’ ”

by Margot Head & Bill Williams

In May 11, 2017 parent blog of Partnership for Drug-Free Kids

Behavioral Health Work Group Consolidated Actions

- ▶ Gather data on current services and regulations
- ▶ Access and evaluate surveys and questionnaires already performed
- ▶ Determine if existing programs can be combined to increase efficiency and attain goal
- ▶ Access pertinent information from LHIP other groups
- ▶ Define mismatch between available services and need \
- ▶ Develop approach to gathering and analyzing defined metrics
- ▶ Perform relevant site visits

2016-2019 Local Health Improvement Plan

Priority: Seniors

Vision: Frederick County has access to services for Senior Citizens to meet their evolving needs for lifelong health and well-being.

Goal 1

Senior Citizens of Frederick County have **access to affordable transportation** for necessities (dr. visits, grocery shopping, personal care, etc., and socialization (visiting family, church, bingo, theater, museum, college classes, etc.)

Goal 2

All seniors having the option to **age in place** will be able to do so.

Goal 3

A robust communication plan is in place to provide Frederick County with relevant, inclusive and current information to meet their evolving needs for lifelong health and well-being.

Seniors Action Plan

Goal 1: Senior Citizens of Frederick County have access to affordable transportation for necessities (dr. visits, grocery shopping, personal care, etc., and socialization (visiting family, church, bingo, theater, museum, college classes, etc.)

1. By June 2017, Identify Senior demographic data by county geographic area.
2. By September 2017 Identify current public, private and nonprofit transportation services available to Seniors by county geographic area.
3. By January 2018 Examine alternative public transportation service models for Seniors including public/private partnerships.
4. By June 2018 Identify current state of need for advocates to assist and accompany Seniors on healthcare related appointments.
5. By December 2018 Recommend proposed changes to Frederick County Government and other agencies based on the completed data analysis.
6. By June 2019 Advocate for implementation of the proposed changes.

Seniors Action Plan

Goal 2: All seniors having the option to **age in place** will be able to do so.

1. By March 2017 Define services needed to age in place.
2. By January 2018 Determine which services are available by geographic regions.
3. By May 2018 Determine which gaps in services by geographic region.
4. By January 2018 Collaborate with the Communication work group on single point of entry for seniors to connect to services
5. By February 2018 and ongoing Develop messaging for seniors to finance Aging in Place. e.g. aid and attendance (Veterans); life insurance roll over; LTC insurance
6. By May 2017 and ongoing Collaborate with existing organizations and interested parties to educate “rising seniors” on options for aging in place.

Seniors Action Plan

Goal 3: A robust communication plan is in place to provide Frederick County with relevant, inclusive and current information to meet their evolving needs for lifelong health and well-being.

1. By March 2017 Identify target audience(s)- Independent Seniors , Seniors needing low intensity support services, Seniors who are vulnerable. (*Seniors in crisis, with/without funds; Seniors in crisis who don't know they are in crisis; Active Seniors not yet compromised*)
2. By June 2017 Collect baseline metrics of needs (include Transportation and Aging in place needs)
3. By September 2017 Determine what is now available to meet needs identified in #4
4. By January 2018 Determine best means of communication for target audience.
5. By March 2018 Develop integrated approach using all available resources uniquely for Seniors (augment where necessary)
6. By June 2018 Design appropriate format (2) for communication
7. By September 2018 Execute Communication plan
8. By September 2019 Evaluate Communication plan

Seniors Work Group - Consolidated Actions

- ▶ Gather data on current services
- ▶ Access and evaluate surveys and questionnaires already performed
- ▶ Determine if existing programs can be combined to increase efficiency and # of Seniors served
- ▶ Access information from other groups - Define mismatch between available services and need by geographic areas

Next Steps

- Sign-Up to be on distribution list for a Work Group (sheet in back of room)
- Attend a Work Group meeting
 - ▶ ACEs - First Thursday 2-3pm at the Mental Health Association
 - ▶ Behavioral Health - First Friday 10-11:30am at the Mental Health Association
 - ▶ Seniors - Second Wednesday 11:30am-1pm at the Mental Health Association
- Ask how you can help further the vision and goals
- For more information and updates: <http://health.frederickcountymd.gov/315/Local-Health-Improvement-Process>



Frederick County Local Health Improvement Plan (LHIP)

BEHAVIORAL HEALTH WORKGROUP
STATUS REPORT
JUNE 20, 2017

History

- Feedback from community members and behavioral health experts during the 2016 LHIP Summit indicated a gap in provision of behavioral health services.
- Frederick County Healthcare Coalition chartered one of three LHIP Workgroups to address major Behavioral Health (BH) gaps.

History

- Behavioral Health Workgroup began meeting in 2016 and formed three subgroups to implement a work plan by 2019:
 - Access to care
 - 24 hour detox facility
 - Education (about Behavioral Health resources and removing stigma)
- Membership in the Behavioral Health Workgroup includes 13 organizations and a roster of 47 people from across the County who represent all facets of the community

Subgroup: Access to Care

- Problem: Insufficient treatment options for people seeking behavioral health treatment.
- Goal: Ensure a continuum of services to meet the behavioral health needs of Frederick County residents.
- Action steps:
 - Identify and track wait lists of five behavioral health providers to understand the scope of the gap by March, 2018.
 - Increase by 10% the number of lay health educators at FMH who are trained to understand what emergency behavioral health services are available in Frederick County.
 - Expand hours for existing mobile and walk-in emergency services by at least 10% by 2019.
 - Expand number of emergency services beds by 50% by 2019.

Subgroup: 24 Hour Detox Facility

- Problem: Frederick County has no 24 hour drug and alcohol detox facility. This absence means:
 - There are no facilities available in Frederick County if someone is in need of detox for drugs or alcohol, making the person seeking help travel out of the county and often out of the state for detox services.
 - There are many instances of people arriving at FMH for overdoses multiple times in a 24 hour period. Each overdose is one overdose closer to death.
- Goal: Establish a 24-hour facility for Frederick county residents who are in crisis and not able to take next steps in the process of recovering from substance use disorder. A detox facility will offer those residents the ability to begin the recovery process immediately and allow time to refer them to a treatment facility for a better chance at long-term recovery.

Subgroup: 24 Hour Detox Facility

- Action steps:

- Research and identify regulatory and legislative requirements for inpatient drug and alcohol detox facilities in Maryland by May, 2017.
- Research and identify access to care and step down programs available in Frederick County by May, 2017.
- Research and identify current inpatient drug and alcohol detox facility models in Maryland and surrounding states by September, 2017.
- Design a program model and use this model to identify and create a facility by December, 2019.

Subgroup: Education

- Problem: Frederick County residents are not aware of mental health and substance use disorder resources and residents are avoiding using these resources because of stigma.
- Goal: To expand community awareness about existing mental health and substance use disorder treatment resources in Frederick County while in parallel reducing stigma associated with having mental health and substance use disorder issues.

Subgroup: Education

- Action steps:

- Include a link to a PDF of the MHA resource booklet and references to 211 Maryland and selected allied phone numbers on at least 25% of Frederick County government, law enforcement, school, non-profit, and allied web pages by June, 2017.
- Using the MHA resource Guide for content, create a searchable online database of Frederick County and other local resources that can be accessed via a web page link by December, 2017.
- In parallel, begin a public education campaign to upgrade community language and perceptions of, and responses to, people who are experiencing mental health or substance use disorder issues by June, 2018.

Subgroup: Education

To Find Help for Mental Health or Substance Use Concerns

Call Now

2-1-1 Maryland: **211** or **1-866-411-6803**

National Suicide Prevention Hotline: **1-800-273-8255**

Maryland Crisis Hotline: **1-800-422-0009**

Maryland Community Services locator: <https://www.mdcsf.org/search.html>

Mental Health Association of Frederick County Guide to Mental Health and
Community Support Services: www.fcmha.org/mhaguide

Para encontrar ayuda relacionada con la Salud Mental o el Uso de Sustancias

Llame ya al

2-1-1 Maryland: **211** o al **1-866-411-6803**

Línea Nacional de Prevención del Suicidio: **1-800-273-8255**

Línea de Crisis en Maryland: **1-800-422-0009**

Localizador de Servicios para la Comunidad en Maryland: <https://www.mdsl.org/search/html>

Guía de Salud Mental y Servicios de Ayuda para la Comunidad de la Asociación de Salud Mental
del Condado de Frederick: www.fcmha.org/mhaguide

Subgroup: Education

- A quick look at stigma and language:

Negative	Positive
addict / junkie / abuser / alcoholic / drunk / alkie	individual with substance use disorder or substance dependence
mentally ill / psycho / lunatic / crazy	person with mental health condition / challenges
he / she is staying clean	he / she is maintaining recovery
he / she is bi-polar	he / she is diagnosed with bi-polar disorder
he / she is a mental health patient	he / she is receiving mental health services

- As with all cultural change, it will require education, reinforcement, and communal intentionality. More to come!

Call to Action

- Put the resource button on your web site. Contact Cynthia Terl (cterl@wellshouse.org) to get the document. The shape, color, and typography can be modified!
- Print and distribute the bookmark. The shape, color, and typography can be modified! Get the PDF from Cynthia Terl (cterl@wellshouse.org).
- Invite us to come to your organization for a free 90 minute training session on behavioral health stigma and how to avoid it. Contact Cynthia Terl (cterl@wellshouse.org) to set up dates / times / number of participants / etc.
- Invite us to table at your organization's employee benefits fair or church / community health fair. Contact Cynthia Terl (cterl@wellshouse.org).

Questions



Thank you!

Frederick County Health Care Coalition

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